| File on c | or before to a \$ 40 | May 1, 1999 00.00 LATE F | or Limited EE. | Liability | Com | pany will be | ; - | | |
|---|--|--------------------------------------|--|----------------|------------|---|--|------------------|--|
| LIMITED LIABILITY COMPANY ANNUAL REPORT 1999 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee | | | | | | | SECRETARY OF STATE DIVISION OF CORPORATIONS 99 APR - 1 AM 8: 32 | | |
| \$ 188. | 75 Ma and Mailing Ad ed Liability Co | ke Check Payal dress mpany DOC | DIE TO: FLORI | # L980 | 000 | T OF STATE 01586 | 1a. Principal P | lace of Business | |
| | | 58TH STREE ATER FL 33 | | , SUITE | 14 | 4 | CLEARW | ATER FL | |
| 2. Principal Place of Business 2a. Mail | | | | ing Address | | | 3. Date Organized or Qualified 08/24/1998 | | 3a. State of Formation FL |
| Suite, Apt. #, etc. Suite, Ap. City & State City & St | | | | | | | 4. FEI Number | | X Applied For Not Applicable |
| Zip | Zip Country Zip | | | Country | | | 5. Date of Last Report | | 6. Certificate of Status Desired 88 75 Additional Fee Required |
| | 7. Name | and Address of Cu | rrent Registered | Agent | | | Name and Addre | ss of New Regis | stered Agent/Office |
| JEFFI 220 S TAMPI | DAVID M FRANKLIN S 3602 | STREET | | | · | Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. | | | |
| its registere | ed office or regi | | in the State of Flor | | | | | | ement for the purpose of changing rs. I hereby accept the appointment |
| SIGNATUR | (Fregisterud Agent Acco | a ting Appointments - (f | OTE Registered Agent's gravition regard absences false | | | DATE : | | | |
| 10. Title | Mai | naging Members/Mar | agers | | Busine | ss Street Address | | City | , State and Zip Code |
| MGRM | LUBECI | K, DANIEL | | 13575 Suite | 58T #14 | H STREET 4/Summit | NORTH, Center | S CLEAR | WATER FL 33760 |
| Asst MGR | LUBEC | K, JOSEPH | [G. | 1 | | h Street 4/Summit | Center | | WATER, FL 33760 |
| | | | | | | | ** | 1 "11" 1 | 2836795 12/9301131 -008 :188.75 ****188.7 |

11. Ido hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. If urther certify that the information indicated on this annual report is true and accurate and that my signature shall have the same logal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trudge employered to execute this report as required by Chapter 608, Florida Statutes, and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: __

INHSE10 R (12-98)

Moseph G. Lubecky Asst. Mgr.

3/12/99 727-538-7706